

APPLICATION DATA SHEET

Application Information

Application number:	To Be Assigned
Filing Date:	April 9, 2004
Application Type:	Non-Provisional
Subject Matter:	Utility
Suggested classification:	To Be Assigned
Suggested Group Art Unit:	To Be Assigned
CD-ROM or CD-R?	None
Number of CD disks:	
Number of copies of CDs:	
Sequence submission?	2792
Computer Readable Form (CRF)?	Yes
Number of copies of CRF:	2
Title:	THE SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS
Attorney Docket Number:	20480.019
Request for Early Publication?	No
Request for Non-Publication?	No
Suggested Drawing Figure:	
Total Drawing Sheets:	199
Small Entity?	No
Petition included?	No
Petition Type:	
Licensed U.S. Gov't Agency:	No
Contract or Grant No:	
Secrecy Order in Parent Appl.?	No

First Applicant Information

Applicant Authority Type:	Inventor
Primary Citizenship Country:	Italy
Status:	Full Capacity
Given Name:	Rino
Middle Name:	
Family Name:	Rappuoli
Name Suffix:	
City of Residence:	Castelnuovo Berardenga
State or Province of Residence:	
Country of Residence:	Italy
Street of mailing address:	c/o Chiron Corporation, P.O. Box 8097
City of mailing address:	Emeryville
State or Province of mailing address:	CA
Country of mailing address:	US
Postal or Zip Code of mailing address:	94662-8097

Second Applicant Information

Applicant Authority Type:	Inventor
Primary Citizenship Country:	Italy
Status:	Full Capacity
Given Name:	Vega
Middle Name:	
Family Name:	Masignani
Name Suffix:	
City of Residence:	Siena
State or Province of Residence:	

Country of Residence:	Italy
Street of mailing address:	c/o Chiron Corporation, P.O. Box 8097
City of mailing address:	Emeryville
State or Province of mailing address:	CA
Country of mailing address:	US
Postal or Zip Code of mailing address:	94662-8097

Third Applicant Information

Applicant Authority Type:	Inventor
Primary Citizenship Country:	Germany
Status:	Full Capacity
Given Name:	Konrad
Middle Name:	
Family Name:	Stadler
Name Suffix:	
City of Residence:	
State or Province of Residence:	
Country of Residence:	
Street of mailing address:	c/o Chiron Corporation, P.O. Box 8097
City of mailing address:	Emeryville
State or Province of mailing address:	CA
Country of mailing address:	US
Postal or Zip Code of mailing address:	94662-8097

Fourth Applicant Information

Applicant Authority Type:	Inventor
Primary Citizenship Country:	Germany
Status:	Full Capacity
Given Name:	Jens Peter
Middle Name:	
Family Name:	Gregersen
Name Suffix:	
City of Residence:	
State or Province of Residence:	
Country of Residence:	
Street of mailing address:	c/o Chiron Corporation, P.O. Box 8097
City of mailing address:	Emeryville
State or Province of mailing address:	CA
Country of mailing address:	US
Postal or Zip Code of mailing address:	94662-8097

Fifth Applicant Information

Applicant Authority Type:	Inventor
Primary Citizenship Country:	United States
Status:	Full Capacity
Given Name:	David
Middle Name:	
Family Name:	Chien
Name Suffix:	
City of Residence:	Alamo
State or Province of Residence:	California

Country of Residence:	United States
Street of mailing address:	c/o Chiron Corporation, P.O. Box 8097
City of mailing address:	Emeryville
State or Province of mailing address:	CA
Country of mailing address:	US
Postal or Zip Code of mailing address:	94662-8097

Sixth Applicant Information

Applicant Authority Type:	Inventor
Primary Citizenship Country:	Korea
Status:	Full Capacity
Given Name:	Jang
Middle Name:	
Family Name:	Han
Name Suffix:	
City of Residence:	Lafayette
State or Province of Residence:	California
Country of Residence:	United States
Street of mailing address:	c/o Chiron Corporation, P.O. Box 8097
City of mailing address:	Emeryville
State or Province of mailing address:	CA
Country of mailing address:	US
Postal or Zip Code of mailing address:	94662-8097

Seventh Applicant Information

Applicant Authority Type:	Inventor
Primary Citizenship Country:	United States
Status:	Full Capacity
Given Name:	John M.
Middle Name:	
Family Name:	Polo
Name Suffix:	
City of Residence:	Hayward
State or Province of Residence:	California
Country of Residence:	United States
Street of mailing address:	c/o Chiron Corporation, P.O. Box 8097
City of mailing address:	Emeryville
State or Province of mailing address:	CA
Country of mailing address:	US
Postal or Zip Code of mailing address:	94662-8097

Eighth Applicant Information

Applicant Authority Type:	Inventor
Primary Citizenship Country:	United States
Status:	Full Capacity
Given Name:	Amy
Middle Name:	
Family Name:	Weiner
Name Suffix:	
City of Residence:	Benicia
State or Province of Residence:	California

Country of Residence:	United States
Street of mailing address:	c/o Chiron Corporation, P.O. Box 8097
City of mailing address:	Emeryville
State or Province of mailing address:	CA
Country of mailing address:	US
Postal or Zip Code of mailing address:	94662-8097

Ninth Applicant Information

Applicant Authority Type:	Inventor
Primary Citizenship Country:	United Kingdom
Status:	Full Capacity
Given Name:	Michael
Middle Name:	
Family Name:	Houghton
Name Suffix:	
City of Residence:	Danville
State or Province of Residence:	California
Country of Residence:	United States
Street of mailing address:	c/o Chiron Corporation, P.O. Box 8097
City of mailing address:	Emeryville
State or Province of mailing address:	CA
Country of mailing address:	US
Postal or Zip Code of mailing address:	94662-8097

Tenth Applicant Information

Applicant Authority Type:	Inventor
Primary Citizenship Country:	Korea
Status:	Full Capacity
Given Name:	Hyun Chul
Middle Name:	
Family Name:	Song
Name Suffix:	
City of Residence:	
State or Province of Residence:	
Country of Residence:	
Street of mailing address:	c/o Chiron Corporation, P.O. Box 8097
City of mailing address:	Emeryville
State or Province of mailing address:	CA
Country of mailing address:	US
Postal or Zip Code of mailing address:	94662-8097

Eleventh Applicant Information

Applicant Authority Type:	Inventor
Primary Citizenship Country:	Korea
Status:	Full Capacity
Given Name:	Mi-Young
Middle Name:	
Family Name:	Seo
Name Suffix:	
City of Residence:	
State or Province of Residence:	

Country of Residence:
Street of mailing address: c/o Chiron Corporation, P.O. Box 8097
City of mailing address: Emeryville
State or Province of mailing address: CA
Country of mailing address: US
Postal or Zip Code of mailing address: 94662-8097

Twelfth Applicant Information

Applicant Authority Type: Inventor
Primary Citizenship Country: United States
Status: Full Capacity
Given Name: John
Middle Name:
Family Name: Donnelly
Name Suffix:
City of Residence: Moraga
State or Province of Residence: California
Country of Residence: United States
Street of mailing address: c/o Chiron Corporation, P.O. Box 8097
City of mailing address: Emeryville
State or Province of mailing address: CA
Country of mailing address: US
Postal or Zip Code of mailing address: 94662-8097

Thirteenth Applicant Information

Applicant Authority Type:	Inventor
Primary Citizenship Country:	Germany
Status:	Full Capacity
Given Name:	Hans Dieter
Middle Name:	
Family Name:	Klenk
Name Suffix:	
City of Residence:	
State or Province of Residence:	
Country of Residence:	
Street of mailing address:	c/o Chiron Corporation, P.O. Box 8097
City of mailing address:	Emeryville
State or Province of mailing address:	CA
Country of mailing address:	US
Postal or Zip Code of mailing address:	94662-8097

Fourteenth Applicant Information

Applicant Authority Type:	Inventor
Primary Citizenship Country:	United States
Status:	Full Capacity
Given Name:	Nick
Middle Name:	
Family Name:	Valiante
Name Suffix:	
City of Residence:	
State or Province of Residence:	

Country of Residence:

Street of mailing address:

c/o Chiron Corporation, P.O. Box 8097

City of mailing address:

Emeryville

State or Province of mailing address:

CA

Country of mailing address:

US

Postal or Zip Code of mailing address:

94662-8097

Correspondence Information

Correspondence Customer Number:

27476

Name:

Street of mailing address:

City of mailing address:

State or Province of mailing address:

Country of mailing address:

Postal or Zip Code of mailing address:

Phone number:

Fax Number:

E-Mail address:

Representative Information

Representative Customer Number:		
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Domestic Priority Information

Application :	Continuity Type:	Parent Application:	Parent Filing Date:
This Application	An application claiming the benefit under 35 USC 119(e)	60/462,218	4/10/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/462,465	4/11/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/462,418	4/12/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/462,748	4/13/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/463,109	4/14/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/463,460	4/15/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/463,668	4/16/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/463,983	4/17/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/463,971	4/18/03

Application :	Continuity Type:	Parent Application:	Parent Filing Date:
This Application	An application claiming the benefit under 35 USC 119(e)	60/464,899	4/22/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/464,838	4/22/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/465,273	4/23/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/465,535	4/24/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/468,312	5/5/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/473,144	5/22/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/495,024	8/14/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/505,652	9/23/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/510,781	10/11/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/529,464	12/11/03

Application :	Continuity Type:	Parent Application:	Parent Filing Date:
This Application	An application claiming the benefit under 35 USC 119(e)	60/536,177	1/12/04
This Application	An application claiming the benefit under 35 USC 119(e)	Not Yet Assigned "Nucleic Acids and Proteins From Severe Acute Respiratory Syndrome"	4/7/04

Foreign Priority Information

Country:	Application number:	Filing Date:	Priority Claimed:

Assignee Information

Assignee name:	
Street of mailing address:	
City of mailing address:	
State or Province of mailing address:	
Country of mailing address:	
Postal or Zip Code of mailing address:	